Team Travel
MEAL MONEY FORM
SOU Department of Athletics

Student-Athlete & Staff: This form is to be signed when provided with cash for meals to verify that the stated amount was provided to you on the date you signed below.

Sport _____ Opponent & Location _____

Departure Date _____ Time _____ ☐am ☐pm Return Date _____ Time _____ ☐am ☐pm

Print Name	Signature	Amount	Date

I verify cash was provided in the amount stated to the above student-athletes & staff on the corresponding date.

_____ _____
Signature of Coach Date

If Cash Advance was requested for this travel please reconcile below and return this from, required receipts & any unused funds to the Travel Department for processing.

Meal Money	**$**	_____	
Misc. Expense	**$**	_____	(Receipts Required)
TOTAL	**$**	_____	
(subtract) CASH ADVANCE	**$**	_____	
BALANCE	**$**	_____	